












**USAID**  
FROM THE AMERICAN PEOPLE



### 1. Performance Standards for anthropometric assessment

Performance Standard	Verification criteria	Y, N	Comment
Tutor demonstrates how to weigh using a hanging scale	<b>Assess or observe if the tutor does the following:</b>		
	Hangs up the scale on firm support and at eye level		
	Standardizes the scale using an object of known weight and ensures that the arrow is at zero (always standardizes after weighing 10-15 children)		
	Asks mother to removes the child's clothing leaving only light under clothing		
	Assists the mother to place the child in weighing pants, puts the loop of the pant over the hook of the scale and lets the child hang freely touching nothing with one arm in-front and the other one arm behind the straps to help maintain balance		
	Reads the child's weight at eye level when the arrow is steady		
	Records the child's weight to the nearest 0.1kg (e.g. 4.7kg)		
Tutor demonstrates how to weigh using an electronic scale	<b>Assess or observe if the tutor does the following:</b>		
	Place's the scale on a hard and even surface		
	Activates the scale the scale to zero		
	<b>If weighing mother alone</b> , asks the mother to take off shoes, any heavy clothing and stand on the scale		
	Takes mother's weight and records to the nearest 0.1kg (e.g. 65.9).		
	<b>If weighing mother and baby</b> , asks someone to hold the baby for the mother as the mother's reading is taken		
	Presses the tare key to activate function if weighing mother and baby		
	Ensures that the scale stores the mother's weight and returns to zero.		
	Gently give's the child to the mother, waits for the baby's weight to be displayed.		
Tutor demonstrates how to plots weight in a child growth chart	<b>Assess or observe if the tutor does the following:</b>		
	Identifies the appropriate growth chart with respect to the sex of the child		
	Determine and locate the child's age in completed months on the horizontal axis of the child growth chart		
	Locates the child's weight on the vertical axis of the child growth chart		
	Makes a clear and heavy dot where the two lines (weight and age) meet, draws the growth curve by joining two weights with in ink using a straight line		

	Writes the weight of the child on the particular month and above the growth curves														
Tutor explains how to interpret the results of the child's growth using the weight for age growth curve or table of minimum expected weight gain.	<b>Assess or observe if the tutor does the following:</b>														
	Reviews the direction of the growth curve and determines if the child is; growing well, in danger or very dangerous														
	<table><tr><td colspan="3">Watch's the direction of the line showing the child's growth</td></tr><tr><td></td><td></td><td></td></tr><tr><td>Good Child is growing well Praise and counsel</td><td>Danger Not growing ell Find out why</td><td>Very Dangerous Losing weight Refer to Hospital</td></tr><tr><td colspan="3">Refers the child for further medical care if the weight is the same for more than 2 consecutive times</td></tr></table>	Watch's the direction of the line showing the child's growth						Good Child is growing well Praise and counsel	Danger Not growing ell Find out why	Very Dangerous Losing weight Refer to Hospital	Refers the child for further medical care if the weight is the same for more than 2 consecutive times				
	Watch's the direction of the line showing the child's growth														
															
Good Child is growing well Praise and counsel	Danger Not growing ell Find out why	Very Dangerous Losing weight Refer to Hospital													
Refers the child for further medical care if the weight is the same for more than 2 consecutive times															
Determines where the child's growth curve is located: 0 (normal), 0 to -2 (mild underweight), between -2 and -3 (moderately underweight) and < -3 is severely underweight and > 0 to +2 (mild overweight), +2 to +3 (overweight) and > +3 (obese)															
Tutor demonstrates how to take the Mid-Upper Arm Circumference (MUAC) of children and adults	<b>Assess or observe if the tutor does the following:</b>														
	Measure's the MUAC on the left arm														
	Locates the mid upper arms (from the tip of the shoulder to tip of the elbow) while arm is at right angle and marks the midpoint														
	Relaxes the arm by letting the arm to lye alongside the body														
	Wraps the MUAC tape around the mark at the midpoint of the upper arm ensuring it is in contact with skin, neither too tight nor too loose														
	Reads the measurement on the larger window of the MUAC tape where the arrows point inwards														
	Reads and records the MUAC measurement to the precision of 0.1 cm or 1 mm														

	Interprets MUAC readings as below:																										
	<table> <tr> <th>Group</th><th>Severe acute malnutrition (SAM)</th><th>Moderate acute malnutrition (MAM)</th><th>Normal</th></tr> <tr> <td>Children (6–59 months)</td><td>&lt; 11.5 cm</td><td>≥ 11.5 to &lt; 12.5 cm</td><td>≥ 12.5 cm</td></tr> <tr> <td>Children (5–9 years)</td><td>&lt; 13.5 cm</td><td>≥ 13.5 to &lt; 14.5 cm</td><td>≥ 14.5 cm</td></tr> <tr> <td>Children (10–14 years)</td><td>&lt; 16.0 cm</td><td>≥ 16.0 to &lt; 18.5 cm</td><td>≥ 18.5 cm</td></tr> <tr> <td>Adolescents (15–17 years)</td><td>&lt; 17.5 cm</td><td>≥ 17.5 to &lt; 19.5 cm</td><td>≥ 19.5 cm</td></tr> <tr> <td>Pregnant/post-partum women</td><td>&lt; 21.0 cm</td><td>≥ 21.0 to &lt; 23.0 cm</td><td>≥ 23.0 cm</td></tr> </table>	Group	Severe acute malnutrition (SAM)	Moderate acute malnutrition (MAM)	Normal	Children (6–59 months)	< 11.5 cm	≥ 11.5 to < 12.5 cm	≥ 12.5 cm	Children (5–9 years)	< 13.5 cm	≥ 13.5 to < 14.5 cm	≥ 14.5 cm	Children (10–14 years)	< 16.0 cm	≥ 16.0 to < 18.5 cm	≥ 18.5 cm	Adolescents (15–17 years)	< 17.5 cm	≥ 17.5 to < 19.5 cm	≥ 19.5 cm	Pregnant/post-partum women	< 21.0 cm	≥ 21.0 to < 23.0 cm	≥ 23.0 cm		
Group	Severe acute malnutrition (SAM)	Moderate acute malnutrition (MAM)	Normal																								
Children (6–59 months)	< 11.5 cm	≥ 11.5 to < 12.5 cm	≥ 12.5 cm																								
Children (5–9 years)	< 13.5 cm	≥ 13.5 to < 14.5 cm	≥ 14.5 cm																								
Children (10–14 years)	< 16.0 cm	≥ 16.0 to < 18.5 cm	≥ 18.5 cm																								
Adolescents (15–17 years)	< 17.5 cm	≥ 17.5 to < 19.5 cm	≥ 19.5 cm																								
Pregnant/post-partum women	< 21.0 cm	≥ 21.0 to < 23.0 cm	≥ 23.0 cm																								
Demonstrates how to take height of children >24 months and adults.	<b>Assess or observe if the tutor does the following:</b> Positions the board on a flat surface Asks the person to remove shoes stand upright in the middle of the boards with arms at their side. Ensures that feet are close together, heels and soles touching bottom of the board and person not standing tip toe. The back of ankle and knees firmly pressed towards the board/wall. Heels, back of legs, buttocks, shoulder blades and head touching the back of the board/wall. Reads measurement a loud to the nearest 0.1 cm, the assistant repeats the measurement for verification and records the height to the nearest 0.1 cm (e.g. 156.2cm)																										
Demonstrates how to take length of children <24 months or less than 87 cm.	<b>Assess or observe if the tutor does the following:</b> Places the length board on the ground and remove the child's shoes Places the child lying on his/her back in the middle of the board, head facing straight up, arms at the child's sides and feet at 90 degrees angle to board Moves the sliding board up while holding the child's ankles against the bottom of the child's feet with an assistant holding the child's head in place Takes measurement to the nearest 0.1 cm and asks an assistant to repeat the measurement for verification Records the measurement to the nearest 0.1 cm (e.g. 76.5cm)																										
Educates on the commonly used anthropometric indices	<b>Weight for height (WFH):</b> The WFH index is used to assess wasting. It shows how a child's weight compares to the weight of a child of the same length/height and sex in the 2006 WHO standards. The index reflects a child's current nutritional status. <b>Height for age (HFA):</b> The HFA index is used to assess stunting. It shows how a child's height compares to the height of a child of the same age and sex in the 2006 WHO standards. This index reflects a child's past nutritional status (chronic nutritional status). <b>Weight for age (WFA):</b> The WFA index is used to assess underweight. It shows how a child's weight compares to the weight of a child of the same age and sex in the 2006 WHO standards. The index reflects a child's combined current and past nutritional status. <b>Body Mass Index (BMI):</b> The BMI Index is used to assess body thinness in adults above 18 years. BMI																										

	measures body fat composition compared with that of an average healthy person.		
Explains how to calculate Body Mass Index (BMI)	Explains that BMI is calculated by dividing weight in kilograms by height in meters squared ( <b>BMI = kg/m2</b> ). Educates on BMI cut offs as below:		
	BMI	Nutritional status	
	< 16.0 kg/m2	Severe malnutrition	
	≥ 16.0 to < 18.5 kg/m2	Moderate malnutrition	
	≥ 18.5 to < 25.0 kg/m2	Normal nutritional status	
	≥ 25.0 to < 30.0 kg/m2	Overweight	
	≥ 30.0 kg/m2	Obese	

## 2. Performance Standards for clinical nutrition assessment

Performance Standard	Verification criteria	Y, N	Comment
Tutor educates on how to recognize signs and symptoms of wasting (marasmus), kwashiorkor and micronutrient deficiencies	<b>Assess or observe if the tutor does the following:</b>		
	<b>Provides at least three signs/symptoms of marasmus:</b> Looks like “old man” loss of fat on the face, has baggy pants (loose skin around the buttock), loss of fat and muscle around the ribs, shoulders, upper arms and thighs, easy to see bones		
	<b>Provides at least three signs/symptoms of kwashiorkor:</b> the child looks swollen with puffy face, pitting oedema of both feet (bilateral pitting oedema), skin lesions (dermatosis).		
	<b>Provides at least three signs/symptoms of eye signs of vitamin A deficiency:</b> superficial foamy white spots on the conjunctiva (bitot’s spots), opaque appearance of the cornea (corneal clouding), a break in the surface of the cornea (corneal ulceration), night blindness.		
	<b>Provides at least three signs/symptoms of iron deficiency anemia:</b> <ul style="list-style-type: none"> <li>Pale conjunctivae (inner eyelid), nail beds, gums, tongue, lips and skin</li> <li>Tiredness</li> <li>Headaches</li> <li>Breathlessness</li> </ul>		
	<b>Provides at least three signs/symptoms of eye signs of iodine deficiency:</b> <ul style="list-style-type: none"> <li>Goitre: Grade 0 No palpable (can’t feel) or visibly enlarged thyroid, Grade 1 A palpable but not visibly enlarged thyroid with the neck in a normal position, Grade 2 A palpable and visibly enlarged thyroid with the neck in a normal a Position</li> <li>Cretinism</li> </ul>		
	<b>Assess or observe if the tutor does the following:</b>		

Demonstrates how to assess for bilateral pitting Odema (kwashiorkor)	Applies thumb pressure on both feet for three seconds and also checks on the upper limbs, hands and the face		
	Explains the grades of bilateral pitting oedema severity: Absent (0) Grade + (mild): Both feet/ankles Grade ++ (moderate): Both feet, plus lower legs, hands or lower arms Grade +++ (severe): Generalized bilateral pitting oedema, including both feet, legs, arms and face		
	A second person repeats the test to confirm presence of bilateral pitting oedema		
	Examines for and explains skin peeling (dermatosis) and degree of severity: + (Mild): Discoloration or a few rough patches of skin ++ (Moderate): multiple patches of discoloration on arms and/or legs +++ (Severe): flaking skin, raw skin, fissures (openings in the skin)		
Explains how to assess for dehydration in children with severe acute malnutrition (SAM)	<b>Assess or observe if the tutor does the following:</b>		
	Asks of recent history of diarrhea		
	Examines if the child is alert and irritable		
	Observes for tears when the child cries		
	Looks for sunken eyes and asks mother if the eyes have been unusual in the last day or two		
	Looks out for dryness of the mouth		
	observe if the child reaches out for the cup when you offer a drink		
	Does a skin pinch around the abdomen area for one second and observe how it goes back		
Tutor demonstrates how to conduct an RUTF appetite test	<b>Assess or observe if the tutor does the following:</b>		
	Provides an explanation to the caregiver or client regarding the purpose of the appetite test and outlines the procedures involved		
	Health worker washes hands with soap under running water		
	Caregiver washes hands with soap under running water		
	Client washes hands and around mouth with soap under running water		
	Provides RUTF Key messages to client or caregiver		
	Administers RUTF to client		
	Provides safe drinking water to client		
	Observes the child eating the RUTF		
	Determines whether child passes or fails appetite test		
	Refers if child fails appetite test(Unable to eat at least 1/3 of RUTF)		

Tutor educates on medical complications associated with severe acute malnutrition (SAM)	<b>Educates on the following medical complications associated with SAM</b> : Anorexia, no appetite, Intractable vomiting, Convulsions, Lethargy, not alert, Unconsciousness, Hypoglycaemia, High fever, Hypothermia , Severe dehydration, Lower respiratory tract infection , Severe anaemia, Skin lesions, Eye signs of vitamin A deficiency		
-----------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--

### 3. Performance standards for biochemical assessment

Performance Standard	Verification criteria	Y, N	Comment
Tutor explains how to interpret blood and urine Laboratory investigations and actions to be taken	<b>Assess or observe if the tutor does the following:</b>		
	<b>Correctly interprets blood HB results and takes necessary actions as below:</b> Mild anemia: haemoglobin concentration 10.0 – 10.9 g/dL Moderate anemia: haemoglobin concentration 7.00 – 9.9 g/dL Severe: anemia haemoglobin concentration less than 7.0 g/dL		
	<b>Explains on the actions to be taken if:</b>  <b>Mild and moderate anemia:</b> For pregnant women provide <b>(120 mg iron + 800 µg folic acid)</b> of iron supplementation daily for 3 months  <b>Severe anemia:</b> refer for further medical care		
	The tutor also reviews the differences in managing anemia in children with SAM and very severe anemia:		

#### 4. Performance standards for dietary assessment

Performance Standard	Verification criteria	Y, N	Comment																																																																										
Tutor demonstrates how to use a 24-hour recall to take a diet history	<b>Assess or observe if the tutor does the following:</b>																																																																												
	Explains on the purpose of a 24-hour dietary recall and need to also explain to the client on the purpose of conducting the exercise.																																																																												
	Asks and record everything that is eaten or drunk in the last 24 hours using a table like below: <table><tr><td>Time</td><td>Food or drink taken</td><td>Amount eaten or drunk</td></tr><tr><td></td><td></td><td></td></tr></table>	Time	Food or drink taken	Amount eaten or drunk																																																																									
	Time	Food or drink taken	Amount eaten or drunk																																																																										
	Uses probing questions to gather information on time food/drink was taken, type and how it was taken.																																																																												
Uses household measure to estimate and record the amount of food/drink that was taken																																																																													
Analyses information provided and takes the needed action																																																																													
Tutor demonstrates how to use a food frequency question (FFQ) to take diet history	Explains on the purpose of the FFQ and also explain to the client on the purpose of conducting the exercise.																																																																												
	Asks the client to remember what he/she ate during the past day and week and uses a table as below to list: <table><tr><td rowspan="2">Food item</td><td colspan="2">Average number of services</td><td rowspan="2">Serving size (large, medium, small)</td></tr><tr><td>Per day</td><td>Per week</td></tr><tr><td>Meat or chicken</td><td></td><td></td><td></td></tr><tr><td>Fish or seafood</td><td></td><td></td><td></td></tr><tr><td>Eggs</td><td></td><td></td><td></td></tr><tr><td>Milk or milk products</td><td></td><td></td><td></td></tr><tr><td>Fruit or fruit juice</td><td></td><td></td><td></td></tr><tr><td>Green, leafy vegetables</td><td></td><td></td><td></td></tr><tr><td>Yellow or orange vegetables or fruits (sweet potatoes, mangoes, oranges, pawpaw, pumpkin, carrots, yams)</td><td></td><td></td><td></td></tr><tr><td>Other vegetables</td><td></td><td></td><td></td></tr><tr><td>Roots or tubers (potatoes, cassava)</td><td></td><td></td><td></td></tr><tr><td>Cereals (banku/Kenkey), bread, rice, biscuits</td><td></td><td></td><td></td></tr><tr><td>Beans or nuts</td><td></td><td></td><td></td></tr><tr><td>Sugar or honey</td><td></td><td></td><td></td></tr><tr><td>Alcohol</td><td></td><td></td><td></td></tr><tr><td>Sweetened beverages</td><td></td><td></td><td></td></tr><tr><td>Oils or fats</td><td></td><td></td><td></td></tr><tr><td>Coffee or tea</td><td></td><td></td><td></td></tr><tr><td>Other</td><td></td><td></td><td></td></tr></table>	Food item	Average number of services		Serving size (large, medium, small)	Per day	Per week	Meat or chicken				Fish or seafood				Eggs				Milk or milk products				Fruit or fruit juice				Green, leafy vegetables				Yellow or orange vegetables or fruits (sweet potatoes, mangoes, oranges, pawpaw, pumpkin, carrots, yams)				Other vegetables				Roots or tubers (potatoes, cassava)				Cereals (banku/Kenkey), bread, rice, biscuits				Beans or nuts				Sugar or honey				Alcohol				Sweetened beverages				Oils or fats				Coffee or tea				Other					
	Food item		Average number of services			Serving size (large, medium, small)																																																																							
		Per day	Per week																																																																										
	Meat or chicken																																																																												
	Fish or seafood																																																																												
	Eggs																																																																												
	Milk or milk products																																																																												
	Fruit or fruit juice																																																																												
	Green, leafy vegetables																																																																												
	Yellow or orange vegetables or fruits (sweet potatoes, mangoes, oranges, pawpaw, pumpkin, carrots, yams)																																																																												
	Other vegetables																																																																												
	Roots or tubers (potatoes, cassava)																																																																												
	Cereals (banku/Kenkey), bread, rice, biscuits																																																																												
	Beans or nuts																																																																												
	Sugar or honey																																																																												
	Alcohol																																																																												
	Sweetened beverages																																																																												
	Oils or fats																																																																												
	Coffee or tea																																																																												
Other																																																																													
Uses probing questions to gather information on when food/drink was taken, type and how it was taken.																																																																													
Uses household measure to estimate and record the portion size of food/drink that was taken																																																																													
Analyses information provided and takes the needed action																																																																													

## 5. Performance Standards for nutrition counseling and education

Performance Standard	Verification criteria	Y, N	Comment
Tutor educates on how to establish rapport	<b>Assess or observe if the tutor does the following:</b>		
	Educates on steps to establish rapport with a client		
	• Greet and welcome client(e.g. shake hands if appropriate)		
	• Offer client a seat		
	• Introduce oneself to client		
	• Lean forward when talking		
	• Maintain eye contact when talking to client		
	• Show interest in client		
	• Maintain professional conduct		
Tutor educates on how to question clients during counseling sessions	<b>Assess or observe if the tutor does the following:</b>		
	Educates on how to structure questions during counseling		
	• Ask questions relevant to the topic of discussion		
	• Use open-ended questions		
	• Use closed-ended questions to get basic information, such as demographic data		
	• Avoid overuse of closed-ended questions		
Tutor educates on proper listening skills	<b>Assess or observe if the tutor does the following:</b>		
	Educates on proper listening skills during counseling		
	• Look at the client		
	• Listen carefully and actively		
	• Use body language to indicate attention to the speaker		
	• Make eye contact to indicate interest and care		
	• Treat the client with respect and acceptance		
	• Uses encouraging words such as 'Yes' and 'Okay'		
Tutor educates on how to empathize during counseling	<b>Assess or observe if the tutor does the following:</b>		
	Educates on how to empathize during counseling		
	• Recognize and praise what the client is doing correctly		
	• Reflect the client's statements to show she/he was understood		
	• Accept what the client thinks and feels		



Performance Standard	Verification criteria	Y, N	Comment
Tutor educates on how to provide relevant and brief information to client	<b>Assess or observe if the tutor does the following:</b>		
	Reviews basic nutrition areas where key information can be developed and identify target groups for such information (e.g. IYCN messages for caregivers for children under 5, RUTF Key messages for SAM clients etc..)		
	Educates on steps taken when providing nutrition information to client <ul style="list-style-type: none"> <li>Communicates important relevant nutrition information based on the client's knowledge, cultural values, and beliefs</li> <li>Uses simple language</li> <li>Gives relevant information a little at a time</li> <li>Makes one or two suggestions without giving commands</li> </ul>		
Tutor educates on how to assess clients understanding of information provided	<b>Assess or observe if the tutor does the following:</b>		
	Educates on how to evaluate client's understanding of information provided <ul style="list-style-type: none"> <li>Checks what the client said to ensure correct understanding</li> <li>Uses phrases like 'Are you saying that..?', 'Did I understand you correctly when you said ...', and 'Correct me if I'm wrong ...'</li> <li>Avoids words that sound judgmental</li> </ul>		
Tutor educates on problem solving with client	<b>Assess or observe if the tutor does the following:</b>		
	Educates on problem solving with client <ul style="list-style-type: none"> <li>Suggests acceptable, affordable, and feasible options?</li> <li>Helps the client find practical and realistic solutions?</li> <li>Convinces the client to implement solutions?</li> <li>Helps the client verbalize what other people may say about the suggested solutions?</li> </ul>		
Tutor educates on how to summarize agreed action points to client	<b>Assess or observe if the tutor does the following:</b>		
	Educates on key areas to consider when summarizing a counseling session <ul style="list-style-type: none"> <li>Summarizes the information the client has shared?</li> <li>Checks whether the client understood the important concerns or information?</li> <li>Praises and reaffirm things the client is doing right?</li> </ul>		
Tutor educates on how to conduct follow up sessions	<b>Assess or observe if the tutor does the following:</b>		
	Educates on steps in follow up including: Discusses appropriate follow-up with the client and encourages the client to adhere to the follow-up plan		
Tutor demonstrates how to use listening & learning skills, confidence building & support skills to counsel a mother	<b>Assess or observe if the tutor does the following:</b>		
	Uses listening & learning skills to counsel a mother on infant and young child feeding practices		
	Uses confidence building & support skills to counsel a mother on infant and young child feeding practices		

## 6. Performance standards for management of Severe Acute Malnutrition (SAM) without medical complications

Performance Standard	Verification criteria	Y, N	Comment
Tutor educates on steps in the management of SAM without medical complications.	<b>Assess or observe if the tutor does the following:</b>		
	Educates on the recommended criteria for admission in outpatient care <ul style="list-style-type: none"> <li>• Bilateral pitting oedema +, ++</li> <li>• MUAC &lt;11.5 cm</li> <li>• Child clinically well , alert and has a good appetite</li> </ul>		
	Educates on the recommended criteria for discharge in outpatient care <ul style="list-style-type: none"> <li>• No bilateral pitting edema for more than two consecutive weeks</li> <li>• Child has a MUAC &gt;12.5cm for two consecutive weeks (three times)</li> <li>• Child is clinically well and alert</li> </ul>		
	Educates on types of routine medications and the schedule for administration based on treatment protocol <ul style="list-style-type: none"> <li>• Antibiotics (preferably Amoxicillin) on first visit</li> <li>• De-wormers on 2nd visit (For children above 24 months)</li> <li>• Antimalarial at admission after test for Malaria is confirmed</li> <li>• Measles vaccination</li> </ul>		
	Explains how to use the outpatient care action protocol <ul style="list-style-type: none"> <li>• To decide when to conduct follow up home visits</li> <li>• To decide when to refer to inpatient:</li> </ul>		
	Explains the nutrition rehabilitation in outpatient care using Ready to Use Therapeutic Food (RUTF) <ul style="list-style-type: none"> <li>• Composition of RUTF</li> <li>• Determining RUTF ration sizes for children with various weight categories</li> <li>• How to give the RUTF key messages to a caregiver with a SAM child</li> </ul>		
Tutor demonstrates the admission procedure of SAM children in outpatient care	<ul style="list-style-type: none"> <li>• Triage and checks for critically ill children first.</li> <li>• Provides 10% sugar water for children awaiting screening or referral to inpatient</li> <li>• Checks for bilateral pitting oedema and takes MUAC.</li> <li>• Registers the child and records measurements on treatment card.</li> <li>• Takes the child's medical history, conducts a physical examination and records</li> <li>• Conducts appetite test</li> <li>• Uses admission criteria to decide whether to treat the child in outpatient care or refer to inpatient care.</li> <li>• Provides treatment for underlying infections, and for additional health conditions if needed.</li> <li>• Provide weekly or bi-weekly amount of RUTF, based on a daily 200kcal of RUTF per kg bodyweight.</li> <li>• Counsel caregiver on key messages, antibiotics &amp; RUTF intake, care practices, and return for monitoring.</li> <li>• Link the caregiver with the community health worker or volunteer.</li> <li>• Link the caregiver with other services or initiatives as appropriate.</li> </ul>		

## 7. Performance standards for management of SAM with medical complications

Performance Standard	Verification criteria	Y, N	Comment
Tutor educates on the procedure for successful management of children (6-59 months) with SAM in inpatient care	<b>Assess or observe if the tutor does the following:</b>		
	Explains the recommended criteria for admission in inpatient care <ul style="list-style-type: none"> <li>Severe bilateral pitting oedema (+++)</li> <li>Marasmus-kwashiorkor: any grade of bilateral oedema (+, ++, +++) with severe wasting (MUAC &lt;11.5cm)</li> <li>MUAC &lt;11.5cm or bilateral pitting oedema + or ++ with any of the following medical complication: Anorexia, no appetite, Intractable Vomiting, Lethargic not alert, Unconscious, High fever, Hypothermia, Hypoglycaemia, Severe dehydration, Severe Anaemia, Lower respiratory tract infection, Moderate to severe skin lesions, Eye signs of Vitamin A deficiency</li> <li>Referred from outpatient care according to Action Protocol</li> <li>Malnourished infants &lt;6 months and infant ≥ 6 months of age and &lt; 4kg</li> </ul>		
	Explains the recommended criteria for discharge and referral from inpatient care : <ul style="list-style-type: none"> <li><b>Children 6-59 months:</b> Referred to outpatient care if MUAC is &gt;12.5 cm and bilateral pitting oedema reducing and/or medical complication resolving, and clinically well and alert</li> <li><b>Special cases 6-59 months:</b> Discharge is &gt;12.5cm and/or oedema free for 2 consecutive visits and clinically well and alert</li> <li><b>Infants &lt; 6 months:</b> Discharge when successful re-lactation and appropriate weight gain (minimum 20 g weight gain per day on breastfeeding alone for 5 days)</li> </ul>		
	Educates on the overview of treatment of SAM based on the <i>10 Steps protocol according to the WHO 1999 Protocol for the management of SAM</i>		
	Explains the three phases of treatment in inpatient care <ul style="list-style-type: none"> <li>Initial treatment (Stabilization)</li> <li>Transition</li> <li>Rehabilitation and follow up</li> </ul>		
	Educates on the important things not to do in the treatment of SAM in inpatient care and why <ul style="list-style-type: none"> <li>Giving diuretics for treatment of Oedema</li> <li>Giving Iron in the initial feeding phase</li> <li>Giving high protein formula to a SAM child</li> <li>Giving routine intravenous fluids</li> </ul>		
Tutor educates on procedure for successful management of infants less than 6 months with SAM in inpatient care	<b>Assess or observe if the tutor does the following:</b>		
	Educates on the recommended criteria for admission and discharge for infants less than 6 months <ul style="list-style-type: none"> <li>Admission Criteria</li> <li>Discharge criteria</li> </ul>		
	Educates on management of SAM in infants less than 6 months <ul style="list-style-type: none"> <li>Medical treatment</li> </ul>		

	<ul style="list-style-type: none"> <li>• Dietary management for infants with prospects of breastfeeding</li> <li>• Dietary management for infants without prospects of breastfeeding</li> </ul>		
Tutor educates on how to prevent/treat hypoglycemia	<b>Assess or observe if the tutor does the following:</b>		
	Defines hypoglycaemia		
	Educates on danger signs on hypoglycaemia		
	Educates on prevention <ul style="list-style-type: none"> <li>• Triaging SAM cases from the OPD</li> <li>• Initiating cautious feeding</li> <li>• Feeding throughout the day</li> </ul>		
	Explains treatment procedure for different conditions <ul style="list-style-type: none"> <li>• A conscious child</li> <li>• An unconscious, lethargic or convulsing child</li> </ul>		
	Educates on how to monitor a child with hypoglycaemia <ul style="list-style-type: none"> <li>• Blood glucose</li> <li>• Temperature</li> <li>• Level of consciousness</li> <li>• When to monitor</li> </ul>		
Tutor educates on how to prevent/treat hypothermia	<b>Assess or observe if the tutor does the following:</b>		
	Defines hypothermia		
	Educates on danger signs of hypothermia		
	Educates on prevention <ul style="list-style-type: none"> <li>• Initiating cautious feeding</li> <li>• Feeding throughout the day</li> <li>• Providing warmth for SAM children (Ways of providing warmth)</li> </ul>		
	Explains treatment procedure <ul style="list-style-type: none"> <li>• Initiating cautious feeding</li> <li>• Rehydration in specific conditions (When to start rehydration)</li> <li>• Antibiotics and route of administration</li> <li>• Providing warmth for the child</li> </ul>		
	Educates on how to monitor a child with hypothermia <ul style="list-style-type: none"> <li>• Body temperature during rewarming</li> <li>• Warmth (Feeling for warmth during day and night)</li> <li>• Blood glucose level</li> <li>• When to monitor</li> </ul>		

Tutor educates on how to prevent/treat dehydration	<b>Assess or observe if the tutor does the following:</b>		
	Explains dehydration in a SAM child		
	Educates on danger signs of dehydration In a child with Kwashiorkor (Profuse watery diarrhea, thirst, hypothermia, sunken eyes, weak, absent radial pulse, cold hands and feet and reduced urine output. In a child with Marasmus(History taking)		
	Educates on prevention <ul style="list-style-type: none"> <li>• Cautious feeding with F-75</li> <li>• Using ReSoMal (how to prepare, when to provide and quantities to provide)</li> <li>• Continuous breastfeeding for breastfed infants</li> </ul>		
	Explains treatment procedure <ul style="list-style-type: none"> <li>• Cautious feeding with F-75</li> <li>• Alternating F-75 with ReSoMal</li> <li>• When to provide IV fluid to a SAM child</li> </ul>		
	Educates on how to monitor progress of rehydration <ul style="list-style-type: none"> <li>• Pulse rate</li> <li>• Respiratory rate</li> <li>• Urine frequency</li> <li>• Stool/Vomit Frequency</li> <li>• Signs of rehydration i.e. tears, moist mouth, eyes, fontanel appearing less sunken, improved skin turgor</li> <li>• Signs of over hydration</li> <li>• When to monitor</li> </ul>		
Tutor educates on how to correct electrolyte imbalance	<b>Assess or observe if the tutor does the following:</b>		
	Explains electrolyte imbalance in a SAM child		
	Educates on various micronutrients and their role in correcting electrolyte imbalance: <ul style="list-style-type: none"> <li>• Sodium</li> <li>• Potassium</li> <li>• Magnesium</li> <li>• Folic acid</li> </ul>		
	Explains treatment procedure <ul style="list-style-type: none"> <li>• Using Combined Mineral Mix(CMV)</li> <li>• Preparing electrolyte/mineral solution with multi vitamin and folic acid supplements locally in the absence of commercially produced CMV</li> </ul>		

Tutor educates on how to treat /prevent infection	<b>Assess or observe if the tutor does the following:</b>		
	Explains infections in a SAM child in the context of reduction adaptation		
	Educates on examples of common infections in a SAM child(Ear infection, urinary tract infection and pneumonia)		
	Educates on prevention: <ul style="list-style-type: none"> <li>• Maintaining proper hygiene practices in the ward</li> <li>• Giving immunizations according to the National protocols</li> </ul>		
	Explains treatment procedure <ul style="list-style-type: none"> <li>• Choice of antibiotics based on the different medical complications</li> <li>• Steps in determining dose</li> <li>• Best routes of administration</li> </ul>		
Tutor educates on how to treat micronutrient deficiencies	<b>Assess or observe if the tutor does the following:</b>		
	Educates on prevention of micronutrient deficiencies in a SAM child Vitamin A deficiencies in a SAM child <ul style="list-style-type: none"> <li>• Vitamin A treatment dose(Dose and when to offer)</li> <li>• Mineral deficiencies in a SAM child</li> <li>• Importance of using CMV in feed preparation</li> <li>• Preparing electrolyte/mineral solution with multi vitamin and folic acid supplements locally in the absence of commercially produced CMV Giving folic acid</li> <li>• Providing multivitamin and folic acid and the dosages</li> </ul>		
	Educates on severe anemia <ul style="list-style-type: none"> <li>• Possible causes of severe anaemia outside malnutrition</li> <li>• Signs of very of anaemia</li> </ul>		
	Educates on treatment/management of very severe anemia : <ul style="list-style-type: none"> <li>• When to transfuse blood in a SAM child</li> <li>• Giving diuretics</li> <li>• Signs of congestive failure</li> </ul>		
	Explains the importance of providing: Folic acid and ensuring that feeds are prepared using CMV		
Tutor educates on how to initiate cautious feeding	<b>Assess or observe if the tutor does the following:</b>		
	Explains the cautious feeding approach in inpatient care		
	Reviews types of therapeutic feeds(F-75, F-100 and RUTF) available and how to prepare using locally available ingredients		
	Educates on feeding <ul style="list-style-type: none"> <li>• Stabilization phase with F-75</li> </ul>		

	<ul style="list-style-type: none"> <li>• Recognizing the need for transition</li> <li>• Transitioning using RUTF or F-100</li> <li>• RUTF feeding procedure</li> <li>• Criteria to move back from transition to stabilization</li> <li>• Feeding freely on RUTF/F-100 during rehabilitation</li> </ul>		
	Educates on how to estimate, monitor and record feeds including leftovers and amount vomited		
	Educates on estimating volume of feeds based on body weight using stabilization phase look up tables for F-75 and rehabilitation phase look up table for F-100		
Tutor educates on how to give loving care and stimulation	<b>Assess or observe if the tutor does the following:</b>		
	Educates on the importance of involvement of mothers in care: <ul style="list-style-type: none"> <li>• Providing tender loving care</li> <li>• Encouraging mothers to comfort, feed, and play with their children</li> <li>• Importance of stimulation and how to make simple homemade toys</li> </ul>		
	Reviews the following <ul style="list-style-type: none"> <li>• Criteria for referral to outpatient</li> <li>• Inpatient Discharge criteria</li> </ul>		
Tutor educates on how to prepare for follow up	<b>Assess or observe if the tutor does the following:</b>		
	Explains how to <ul style="list-style-type: none"> <li>• Obtain information on family background and socio-economic status.</li> <li>• Establish a link with community health workers for home follow-up while in the Outpatient Care</li> <li>• Write full clinical summary in child's Critical Care Pathway (CCP) outcome page and referral form from inpatient care to outpatient care.</li> <li>• Link mother to community initiatives for the prevention of under nutrition</li> </ul>		

## 8. Performance standards for management of Moderate Acute Malnutrition (MAM)

Performance Standard	Verification criteria	Y, N	Comment												
Tutor educates on steps in the management of MAM.	<b>Assess or observe if the tutor does the following:</b>														
	Explains the purpose of programs that manage MAM is to prevent SAM from occurring														
	Educates on the recommended criteria for admission to programs that manage MAM														
	MUAC is within the stated cut off points														
	<table><tr><th>Group</th><th>Moderate acute malnutrition (MAM)</th></tr><tr><td>Children (6–59 months)</td><td>≥ 11.5 to &lt; 12.5 cm</td></tr><tr><td>Children (5–9 years)</td><td>≥ 13.5 to &lt; 14.5 cm</td></tr><tr><td>Children (10–14 years)</td><td>≥ 16.0 to &lt; 18.5 cm</td></tr><tr><td>Adolescents (15–17 years)</td><td>≥ 17.5 to &lt; 19.5 cm</td></tr><tr><td>Pregnant/post-partum women</td><td>≥ 21.0 to &lt;23.0 cm</td></tr></table>	Group	Moderate acute malnutrition (MAM)	Children (6–59 months)	≥ 11.5 to < 12.5 cm	Children (5–9 years)	≥ 13.5 to < 14.5 cm	Children (10–14 years)	≥ 16.0 to < 18.5 cm	Adolescents (15–17 years)	≥ 17.5 to < 19.5 cm	Pregnant/post-partum women	≥ 21.0 to <23.0 cm		
	Group	Moderate acute malnutrition (MAM)													
	Children (6–59 months)	≥ 11.5 to < 12.5 cm													
	Children (5–9 years)	≥ 13.5 to < 14.5 cm													
	Children (10–14 years)	≥ 16.0 to < 18.5 cm													
	Adolescents (15–17 years)	≥ 17.5 to < 19.5 cm													
Pregnant/post-partum women	≥ 21.0 to <23.0 cm														
Clinically well and alert															
Educates on the recommended criteria for discharge from programs that manage MAM															
MUAC reaches the below stated cutoff point and above for two consecutive times															
<table><tr><th>Group</th><th>Normal</th></tr><tr><td>Children (6–59 months)</td><td>≥ 12.5 cm</td></tr><tr><td>Children (5–9 years)</td><td>≥ 14.5 cm</td></tr><tr><td>Children (10–14 years)</td><td>≥ 18.5 cm</td></tr><tr><td>Adolescents (15–17 years)</td><td>≥ 19.5 cm</td></tr><tr><td>Pregnant/post-partum women</td><td>≥ 23.0 cm</td></tr></table>	Group	Normal	Children (6–59 months)	≥ 12.5 cm	Children (5–9 years)	≥ 14.5 cm	Children (10–14 years)	≥ 18.5 cm	Adolescents (15–17 years)	≥ 19.5 cm	Pregnant/post-partum women	≥ 23.0 cm			
Group	Normal														
Children (6–59 months)	≥ 12.5 cm														
Children (5–9 years)	≥ 14.5 cm														
Children (10–14 years)	≥ 18.5 cm														
Adolescents (15–17 years)	≥ 19.5 cm														
Pregnant/post-partum women	≥ 23.0 cm														
Clinically well and alert															
Educates on types of routine medications provided to children with MAM															
<ul style="list-style-type: none"><li>De-wormers on 2nd visit (For children above 24 months)</li><li>Vitamin A for children who have not received in the past six months</li><li>Iron and folic acid is provided to pregnant and lactating mothers</li></ul>															
Explains the nutrition rehabilitation for MAM using															
<ul style="list-style-type: none"><li>Fortified blended foods such as CSB, CSB+, CSB ++</li><li>Energy and nutrient dense home-prepared diets</li><li>Nutrition counseling and education</li></ul>															



## 9. Performance standards for dietary management of HIV/AIDS diet related conditions

Performance Standard	Verification criteria	Y, N	Comment
Tutor educates on management of Anorexia	<b>Assess or observe if the tutor does the following:</b>		
	Defines Anorexia as a symptom of poor appetite and explain possible causes and signs of anorexia in PLHIV		
	Educates on recommended diet for an anorexic client <ul style="list-style-type: none"> <li>Selecting and eating client favorite meals and snack</li> <li>Creating an pleasant setting for food consumption</li> <li>Provide examples of energy dense food based on the various localities</li> </ul>		
Tutor Educates on management of severe diarrhoea	<b>Assess or observe if the tutor does the following:</b>		
	Educates on signs and symptoms of severe dehydration <ul style="list-style-type: none"> <li>Diarrhea persistent for more than 2 days</li> <li>Low or no urine output</li> <li>Fainting, dizziness</li> <li>Shortness of breath</li> <li>Bloody stools</li> <li>High fever</li> <li>Vomiting</li> <li>Severe abdominal pains</li> </ul>		
	Educates on prevention/care practices for Severe diarrhea by maintaining proper hygienic conditions, water and sanitation		
	Educates on treatment procedure <ul style="list-style-type: none"> <li>Preparation of Oral Rehydration Solution(ORS)</li> <li>Administering ORS to a dehydrated client</li> <li>Use of Zinc in treatment of diarrhea for children who are HIV+ and exposed</li> <li>Reviews steps in using ReSoMal for management of severe diarrhea and dehydration in SAM cases</li> </ul>		
	Educates on recommended diet for Severe Diarrhoea <ul style="list-style-type: none"> <li>Consumption of fluids. Examples of recommended fluids with examples (soups, diluted fruit juices, boiled water and light herbal teas)</li> <li>Consumption of easily digestible foods with examples (Cereal porridge, potato, millet, bread, crackers etc...)</li> <li>Consumption of soft fruits and vegetables with examples (mashed carrots and mashed potato)</li> <li>Consumption of fermented foods with examples (porridges and yoghurt)</li> </ul>		
	Educates on foods to avoid or reduce intake with examples.(Alcohol, milk (if there is lactose intolerance),Caffeine (Coffee and teas), fatty foods, fried foods, lard, butter, gas forming foods such as cabbages, onions and carbonated soft drinks)		

Tutor educates on management of Nausea and vomiting	<b>Assess or observe if the tutor does the following:</b>		
	Educates on prevention/care practices <ul style="list-style-type: none"> <li>• Importance of avoiding an empty stomach during nausea</li> <li>• Maintaining rest between meals</li> <li>• Eating small frequent feeds</li> </ul>		
	Educates on recommended diet for managing nausea and vomiting <ul style="list-style-type: none"> <li>• Consumption of slightly salty and dry foods with examples(crackers)</li> <li>• Consumption of fluids with examples.(soups, unsweetened porridges and clean portable water, herbal teas and lemon juice in hot water)</li> </ul>		
	Educates on foods to avoid or reduce intake with examples (Caffeine (coffee and tea), strong smelling foods, spicy and fatty foods.		
Tutor educates on management of thrush	<b>Assess or observe if the tutor does the following:</b>		
	Educates on care practices <ul style="list-style-type: none"> <li>• Use of spoon and cup to eat small amounts of meals at a sitting</li> <li>• Demonstrates how to tilt head back when eating to facilitate easy swallowing</li> <li>• Steps to reduce irritation and growth of yeast after eating(e.g. rinsing mouth with boiled warm, salty water)</li> <li>• Consumption of food at cold or room temperature</li> </ul>		
	Educates on recommended diet for PLHIV who have thrush <ul style="list-style-type: none"> <li>• Consumption of soft mashed foods with examples(carrots, scrambled eggs, mashed potatoes, bananas)</li> <li>• Intake of more fluids with examples (soups and porridges)</li> </ul>		
	Educates on food to avoid or reduce intake including strong citrus fruits and juices ,alcohol, sugary, spicy, salty or sticky foods		
Tutor educates on management of Constipation	<b>Assess or observe if the tutor does the following:</b>		
	Educates on prevention/care practices <ul style="list-style-type: none"> <li>• Importance of avoiding cleaning practices such as use of enemas and medications</li> <li>• Intake of more fluids including clean portable water</li> </ul>		
	Educates on recommended diet <ul style="list-style-type: none"> <li>• Consumption of high fiber foods with examples(maize, whole wheat bread, green vegetables, washed fruits with peels)</li> <li>• Intake of more fluids</li> </ul>		
	Educates on foods to avoid or reduce consumption such as processed or refined foods		
Tutor educates on management of Anemia	<b>Assess or observe if the tutor does the following:</b>		
	Reviews possible causes and signs of anemia		
	Educates on prevention/care practices		

	<ul style="list-style-type: none"> <li>• Consumption of iron tablet with meals</li> <li>• Inclusion of vitamin C rich foods with meals with examples(Fresh tomatoes, oranges, guavas)</li> </ul>		
	Educates on recommended diet for treatment of anemia <ul style="list-style-type: none"> <li>• Review management of malaria and hookworm prior to treatment of anemia</li> <li>• Consumption of more iron rich foods with examples of locally available sources (eggs, fish, meat, liver, green vegetables, nuts, oil seeds and fortified cereals)</li> </ul>		
	Reviews conditions under which iron supplements are provided and the dosages		
	Educates on foods to avoid or reduce consumption such as tea or coffee within the first two hours before or after meals		

### 10. Performance standards for maternal nutrition

Performance Standard	Verification criteria	Y, N	Comment
Tutor educates on steps in the management of SAM without medical complications.	Assess or observe if the tutor does the following:		
	•		
	•		
	•		
	•		
	•		
	•		

### 11. Performance standards for breastfeeding and lactation management

Performance Standard	Verification criteria	Y, N	Comment
Tutor educates on the importance of breastfeeding and how to assess a breastfeed	<b>Assess or observe if the tutor does the following:</b>		
	<b>Give four advantages</b> of exclusive breast feeding for the infants first six months of life: gives natural immunity, is easily and efficiently digested, prevents pregnancy by delaying menstrual cycle (LAM), safe and costs less, helps bonding between baby and mother, prevents breast infection, and promotes development of baby		
	<b>Give three disadvantages</b> of formula /replacement feeding: increases incidence of diarrhea, increases chance of Respiratory Tract Infections due to low immunity, is expensive, may cause milk allergy/intolerance, interferes with bonding, and pre-disposes the mother to early return of menstrual cycle/fertility		
	Explains the importance of early initiation of breast feeding within the first 30 minutes of birth		
	Demonstrates how to use the breastfeeding job aid to assess a breastfeed and recognizes a mother who needs help		
	Demonstrates how to use counseling materials infant feeding and to counsel the mother on the importance of breastfeeding during the first six months of life		
Tutor demonstrates on appropriate positioning and attachment	<b>Assess or observe if the tutor does the following:</b>		
	Encourages the mother sit to upright in a comfortable position while keeping the baby's head and body in a straight line (ear, shoulder and hip)		
	Ensures the baby is facing the breast with the baby's nose opposite her nipple		
	Ensures that the mother supports the breast if necessary – four fingers under the breast and the thumb positioned on top of the breast		
	Supports the mother to fix the baby to the breast - touching the baby's lips with her nipple, waiting until the baby opens the mouth wide and then moving the baby quickly to the breast		
	Ensure the baby is properly fixed with more areola visible above the baby's upper lip, lips turned outwards, and baby's chin touching the breast		
	Explains the <b>four points</b> of proper attachment: More areola above baby's top lip than below bottom lip, baby's mouth wide open, lower lip turned outwards, baby's chin touches breast (CALM)		
	Demonstrates how to use counseling materials to counsel the mother breastfeeding position and attachment		
Tutor educates on how to express breast milk	<b>Assess or observe if the tutor does the following:</b>		
	Wash hands thoroughly		
	Sit or stand comfortably and hold a clean container underneath the breast		
	Put first finger and thumb on either side of the areola, behind the nipple		
	Press slightly inward toward the chest, expressing milk, until the milk flow becomes slow		
	Repeat the same with the other breast, alternating breasts for 20 to 30 minutes		
	Stored expressed milk in the container with a well-fitting lid or cover		
	Demonstrates how to counseling to counsel the mother on how to hand express breast milk and cup feed		

Tutor educates on four common breast conditions and how to manage the conditions	<b>Assess or observe if the tutor does the following:</b>		
	Correctly identifies <b>four common conditions</b> which may interfere with breastfeeding: inverted nipples, sore and cracked nipples, breast engorgement, mastitis (inflammation of breast), and breast abscess		
	Correctly advises women with <b>inverted nipples</b> to ensure the baby attaches to areola not the nipple & advise on using a syringe to assist with getting nipples to protrude before feeding		
	Correctly advises women with sore <b>and cracked nipples</b> to apply hind milk to nipple and expose breast to the air, continue breast feeding on the less affected breast, ensure correct attachment, and/or apply Gentian Violet paint, 0.5 % if candidiasis		
	Correctly advises women with <b>breast engorgement</b> to apply warm compresses, to continue breast feeding , and to extract milk		
	Correctly advises women with <b>mastitis or breast abscess</b> to apply warm compresses, provide medication for pain relief and refer		
	Indicates that women with mastitis breast abscess should be referred for further medical care		
	<b>Provides three examples</b> of how the mother can prevent common breast conditions: give 1 <sup>st</sup> breast milk soon after delivery, use various positions for breast feeding, attach baby correctly to breast, breastfeed on demand, empty one breast at a time, and do not use artificial nipples or teats		
Tutor educates on how mother to child transmission of HIV occurs and the risk of transmission	<b>Assess or observe if the tutor does the following:</b>		
	Explains <b>three</b> ways in which HIV can be transmitted from mother to the child: <ul style="list-style-type: none"> <li>• During pregnancy across the placenta</li> <li>• At the time of labour and birth through blood and secretions</li> <li>• Through breastfeeding</li> </ul>		
	Educates on the risk of HIV transmission from mother to child if the mother is not taking ARVs which is 35% and if the mother is taking ARVS which is 5%		
Tutor educates on the 2010 recommendations on PMTCT and infant feeding	<b>Assess or observe if the tutor does the following:</b>		
	Educates that all mothers should be <ul style="list-style-type: none"> <li>• Counseled on infant feeding after the first post-test counseling session in pregnancy and infant feeding discussed at every antenatal visit.</li> <li>• Strongly discourage on practicing mixed feeding during the first 6 months of life</li> <li>• Provided nutrition support if they are HIV+ breastfeeding or formula-feeding.</li> </ul>		
	Educates on breastfeeding option for HIV-positive women: <ul style="list-style-type: none"> <li>• All mothers HIV+ on ARV or not, who exclusively breastfeed their infants should do so for 6 months.</li> <li>• HIV positive mothers on ARVS should introduce appropriate complementary foods at 6 months and continue breastfeeding for the first 12 months of life.</li> <li>• Mothers who are HIV+ and not on ARV, who decide to stop breastfeeding at any time should do so gradually during one month while the baby continues to receive daily NVP and should continue for</li> </ul>		

	one week after all breastfeeding has stopped.		
	Educates on formula feeding option for HIV-positive women: <ul style="list-style-type: none"> <li>• Commercial infant formula should be provided to infants for at least 6 months with no interruption</li> <li>• Provide practical support, including demonstrations on how to safely prepare formula and feed their infant.</li> <li>• Encourage mothers to continue with regular growth monitoring and promotion.</li> </ul>		
	Demonstrates how to use counseling materials to counsel HIV positive breastfeeding and formula feeding mothers		
Educates on how to feed a sick baby less than 6 months and a low birth weight baby	<b>Assess or observe if the tutor does the following:</b>  Gives at least <b>three</b> points to follow when feeding a low birth weight baby <ul style="list-style-type: none"> <li>• Breastfeed frequently to get the baby used to the breast and keep the milk flowing</li> <li>• Breastfeed the baby on demand day and night</li> <li>• Feed long enough to empty one breast</li> <li>• As much as possible use the cross cuddle and underarm positions for the low birth weight baby.</li> </ul> Gives at least <b>three</b> points to follow when feeding a sick child <six months of age: <ul style="list-style-type: none"> <li>• Breast feed more frequently during illness including diarrhea to help the baby recover quickly</li> <li>• Give only breast milk and medicines recommended by the health care provider</li> <li>• If the child is too weak to suckle, express breast milk and give to the baby</li> </ul> Demonstrates how to use counseling materials to counsel a mother on feeding a sick baby less than 6 months and a low birth weight baby		
Tutor educates on the ten steps for successful breastfeeding	<b>Assess or observe if the tutor does the following:</b>  Educates on the requirement for every facility providing maternity services and care for new-born infants including: <ol style="list-style-type: none"> <li>1. A written breastfeeding policy that is routinely communicated to all health care staff.</li> <li>2. Train all health care staff in skills necessary to implement this policy.</li> <li>3. Inform all pregnant women about the benefits and management of breastfeeding.</li> <li>4. Help mothers initiate breastfeeding within a half-hour of birth.</li> <li>5. Show mothers how to breastfeed, and how to maintain lactation even if they are separated from their infants.</li> <li>6. Give new-born infants no food or drink other than breast milk, unless medically indicated.</li> <li>7. Practise rooming-in – allow mothers and infants to remain together – 24 hours a day.</li> <li>8. Encourage breastfeeding on demand.</li> <li>9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.</li> <li>10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic</li> </ol>		

<p>Tutor educates on the main points of the international code/Ghana breastfeeding promotion regulation of marketing breast milk substitutes</p>	<p><b>Assess or observe if the tutor does the following:</b></p>		
	<p>Educates on the main points of the international code of marketing breast milk substitutes including:</p> <ul style="list-style-type: none"> <li>• No advertising of breast-milk substitutes and other products to the public.</li> <li>• No free samples to mothers.</li> <li>• No promotion in the health service.</li> <li>• No company personnel to advice mothers.</li> <li>• No gifts or personal samples to health workers.</li> <li>• No pictures of infants or other pictures idealizing artificial feeding, on the labels of the products.</li> <li>• Information to health workers should be scientific and factual.</li> <li>• Information on artificial feeding, including that on labels, should explain the benefits of breastfeeding and the costs and dangers associated with artificial feeding.</li> <li>• Unsuitable products, such as sweetened condensed milk, should not be promoted for babies.</li> </ul>		



## 12. Performance Standards for complementary feeding

Performance Standard	Verification criteria	Y, N	Comment
Tutor educates on the importance of complementary feeding	<b>Assess or observe if the tutor does the following:</b>		
	Defines complementary foods and the optimal age at which to start complementary foods		
	Provides at least <b>three</b> risks to starting complementary foods too early (before six months) which are: <ul style="list-style-type: none"> <li>• Replaces breast milk making it difficult to meet the child's nutritional needs</li> <li>• Result in a diet that is low in nutrients</li> <li>• Increases the risk of illness because less of the protective factors in breast milk are consumed</li> <li>• increases the risk of diarrhoea because the complementary foods may not be as clean or as easy to digest as breast milk</li> <li>• Increases the risk of wheezing and other allergic conditions</li> <li>• Increases the mother's risk of another pregnancy if breastfeeding is less frequent.</li> </ul>		
	Provides at least <b>three</b> risks to starting complementary foods too late(after six months) which are: <ul style="list-style-type: none"> <li>• The child does not receive the extra food required to meet his/her growing needs</li> <li>• The child grows and develops slower</li> <li>• May not receive the nutrients to avoid malnutrition and deficiencies such as anaemia from lack of iron.</li> </ul>		
Tutor educates on food groups and sources	<b>Assess or observe if the tutor does the following:</b>		
	Educates on energy giving foods which includes carbohydrates, sugars, fats and oils, local sources of the energy giving foods and functions:		
	Educates on body building foods which are plant and animal protein, local sources and function of the body building foods		
	Educates on protective foods which include fruits and vegetables, local sources and functions of protective foods		
	Uses the Ghana food steps to describe the various food groups		
Tutor educates on quantity, variety and frequency of feeding young children 6-24 months	<b>Assess or observe if the tutor does the following:</b>		
	Educates on the importance of using a variety of locally available foods, texture of foods , frequency of feeding and quantity of the foods to be given (the four star meal)		
	Educates on feeding a child who is 6-9 months old: <ul style="list-style-type: none"> <li>• Breastfeed as often as the child wants, at least 8 times during the day and night</li> <li>• Give 3 times a day, an adequate serving of a variety of foods without pepper, (feed 4 times if the child is not breastfeeding)</li> <li>• Also give 1-2 snack a day between main meals</li> <li>• Give fruit every day, wash the fruit in clean water, mash or squeeze the juice</li> <li>• Feed new foods patiently</li> </ul>		

	<ul style="list-style-type: none"> <li>• Do not give water or other foods just before breastfeeding</li> <li>• Serve the child food in a separate bowl</li> <li>• Start with thick porridge or finely mashed foods, continue with family foods</li> <li>• Start with 2-3 tablespoons per feed increasing gradually to ½ of a 250ml cup at each meal</li> <li>• Wash your hands and the child's hands with soap and running water before feeding</li> </ul>		
	<p>Educates on feeding a child who is 9-12 months old</p> <ul style="list-style-type: none"> <li>• Breast feed as often as the child wants</li> <li>• Give food 4 times a day adequate serving of a variety of foods without paper (feed 5 times a day if the child is not breastfeeding)</li> <li>• Also give 1-2 snack a day between meals</li> <li>• Give fruits every day. Wash fruits, mash, cut up or squeeze into juice</li> <li>• Do not give water just before breastfeeding or other foods</li> <li>• Serve the child in a separate bowl</li> <li>• Serve finely chopped or mashed and foods that the baby can pick</li> <li>• Serve ½ a 250 ml cup or bowl at each meal</li> <li>• Wash your hands and the child's hands with soap and running water before feeding</li> </ul>		
	<p>Educates on feeding a child who is 12-24 months old</p> <ul style="list-style-type: none"> <li>• Breastfeed as often as the child wants</li> <li>• Feed 3 times a day a variety of family foods with little or no pepper (feed 4 times if the child is not breastfeeding)</li> <li>• Also give 2 snacks in between main meals</li> <li>• Give fruits every day. Wash before eating</li> <li>• Do not give water just before breastfeeding or other feeds</li> <li>• Serve the child in a separate bowl and supervise the child to eat</li> <li>• Serve family foods, chopped or mashed if necessary</li> <li>• Serve ¾ of a 250 ml cup or bowl at each meal</li> <li>• Wash your hands and the child's hands with soap and running water before feeding</li> </ul>		
	Demonstrates how to use counseling materials on complementary feeding of children 6-24 months		
Tutor educates on feeding a child > 6 months of age during illness	<b>Assess or observe if the tutor does the following:</b>		
	Explains why it is important to continue feeding a child during illness		
	<p>Educates on at least <b>four</b> important points to follow when feeding a child who is ill which include:</p> <ul style="list-style-type: none"> <li>• Encouraging a child to eat and drink with a lot of patience</li> <li>• Feeding small amounts of food frequently</li> <li>• Giving a variety of foods that the child likes to eat</li> <li>• Continuing breast feeding</li> </ul>		

	Educates on how to feed a child during recovery including giving <b>EXTRA</b> of breast milk, energy and nutrient dense foods with extra patience		
Tutor educates on nutritional care of infants and children with diarrhea	<b>Assess or observe if the tutor does the following:</b>		
	Educates on the importance of: <ul style="list-style-type: none"> <li>Continued breastfeeding of the child who has diarrhea</li> <li>Ensuring that the child does not get dehydrated by providing oral rehydration salts (ORS)</li> <li>Providing Zinc to the child in addition to the ORS</li> </ul>		
Tutor educates on the key 10 complementary feeding messages	<b>Assess or observe if the tutor does the following:</b>		
	Educates on the following ten key complementary feeding messages: <ul style="list-style-type: none"> <li>Breastfeeding for two years of age or longer helps a child to develop and grow strong and healthy.</li> <li>Starting other foods in addition to breast milk at 6 months helps a child to grow well.</li> <li>Foods that are thick enough to stay in the spoon give more energy to the child.</li> <li>Animal-source foods are especially good for children, to help them grow strong and lively.</li> <li>Peas, beans, lentils, and nuts and seeds, are good for children.</li> <li>Dark-green leaves and yellow-coloured fruits and vegetables help the child to have healthy eyes and fewer infections.</li> <li>A growing child needs 3 meals and snacks: give a variety of foods</li> <li>A growing child needs increasing amounts of food</li> <li>A young child needs to learn to eat: encourage and give help...with lots of patience.</li> <li>Encourage the child to drink and to eat <u>during</u> illness and provide extra food <u>after</u> illness to help them recover quickly.</li> </ul>		

### 13. Performance standards for prevention of common micronutrient deficiencies in Ghana

Performance Standard	Verification criteria	Y, N	Comment								
Tutor educates on how to prevent vitamin A deficiency	<b>Assess or observe if the tutor does the following:</b>										
	Educates on nutritionally adequate vitamin A rich foods that when consumed prevent deficiencies: <ul style="list-style-type: none"><li>Plant sources such as dark green leafy vegetables, palm oil, carrot, orange flesh sweet potato, mango, papaya, locust bean fruit (dawadawa),</li><li>Animal sources: Liver, egg yolk, margarine, fortified vegetable oil and fortified wheat flour including fortified complementary foods.</li></ul>										
	Educates on vitamin A supplementation for different target groups, frequency and dosage of vitamin A supplementation <table><tr><th>Target group</th><th>Vitamin A dose</th></tr><tr><td>All mothers irrespective of their mode of infant feeding up to six weeks postpartum if they have not received vitamin A supplementation after delivery</td><td>200 000 IU</td></tr><tr><td>Infants aged 9–11 months, every six months</td><td>100 000 IU</td></tr><tr><td>Children aged 12–59 months, every six months</td><td>200 000 IU</td></tr></table>	Target group	Vitamin A dose	All mothers irrespective of their mode of infant feeding up to six weeks postpartum if they have not received vitamin A supplementation after delivery	200 000 IU	Infants aged 9–11 months, every six months	100 000 IU	Children aged 12–59 months, every six months	200 000 IU		
	Target group	Vitamin A dose									
	All mothers irrespective of their mode of infant feeding up to six weeks postpartum if they have not received vitamin A supplementation after delivery	200 000 IU									
Infants aged 9–11 months, every six months	100 000 IU										
Children aged 12–59 months, every six months	200 000 IU										
Educates on food based intervention to prevent micronutrient deficiencies (vitamin A, iron, iodine) deficiency such as fortification of food vehicles such as flour, oil, salt and sugar.											
Tutor educates on how to prevent and control Iron deficiency Anemia	<b>Assess or observe if the tutor does the following:</b>										
	Educates on nutritionally adequate as well as foods rich in iron, folic acid, protein, B vitamins for the prevention of Anemia: <ul style="list-style-type: none"><li>Animal sources of Iron sources: liver, red meats, offals, kidney, fish and fish powder, shrimps, crab, snails, eggs,</li><li>Plant sources: Dark green leafy vegetables which should be consumed in combination with foods rich in vitamin C e.g. oranges, tomatoes, tangerines, grapefruits, guava, pineapple, mango, boabob fruit, soursop etc...</li></ul>										
	Educates on the importance of eating vitamin C rich foods with meals to enhance iron absorption										
	Educates on iron and folic acid supplementation for women in fertile age. <ul style="list-style-type: none"><li>Ensures pregnant women start antenatal care as soon as they know they are pregnant and attend regularly</li><li>Ensures pregnant and lactating women receive iron and folic acid supplementation (<b>60 mg iron + 400 µg folic acid</b>) daily throughout pregnancy, continuing to 6 weeks postpartum</li><li>Pregnant women with mild or moderate anaemia should receive (<b>120 mg iron + 800 µg folic acid</b>)for three months</li></ul>										

	Explains the importance of ensuring that pregnant, lactating women and children sleep under insecticide treated net (ITN) to prevent malaria		
	Explains on deworming of children >24 months old every six months with 400 mg of albendazole and 500mg of mebendazole and the importance of maintaining a clean and healthy environment		
Tutor educates on how to prevent and control iodine deficiency	<b>Assess or observe if the tutor does the following:</b>		
	Educates on the importance of the family consuming iodized salt and storage of iodized salt		
	Explains the policies and strategies to attain universal salt iodisation at the district and community levels		

#### 14. Performance standards for establishing community based growth monitoring and promotion

Performance Standard	Verification criteria	Y, N	Comment
Tutor explains how to establish an effective community-based growth monitoring and promotion program	<b>Assess or observe if the tutor does the following:</b>		
	Defines the objectives of growth promotion programs which are: <ul style="list-style-type: none"> <li>• Providing families with information on the growth of their children for necessary action in maintaining good growth and health</li> <li>• Providing communities with information on health of their children to ensure an enabling and supportive environment for positive child growth and development</li> </ul>		
	Explains the main components of a growth monitoring and promotion package: <ul style="list-style-type: none"> <li>• Regular (monthly) weighing and plotting child's growth</li> <li>• Deciding if child is growing adequately</li> <li>• Finding out about child health and feeding</li> <li>• Using child's health, growth and feeding information to decide the appropriate action to take</li> <li>• Counseling and support to caregivers on child care and feeding</li> <li>• Deciding and planning follow-up of children and caregivers</li> <li>• Sharing information with the community on the health and growth of their children</li> </ul>		
	Explains the process of planning a growth monitoring and promotion program with the community: <ul style="list-style-type: none"> <li>• Training and planning with the community</li> <li>• Training community based stakeholders</li> <li>• Monitoring and record keeping</li> <li>• Providing supportive supervision</li> <li>• Motivating community level workers</li> <li>• Linkage with health services and community based livelihoods and community support services</li> <li>• Referral systems and working with community to ensure success of the program</li> </ul>		

### 15. Performance standards for basic nutrition

Performance Standard	Verification criteria	Y, N	Comment
Tutor defines malnutrition and types of undernutrition	<b>Assess or observe if the tutor does the following:</b>		
	Defines malnutrition as undernutrition and overnutrition		
	Explains the four types of undernutrition which are stunting, wasting, Underweight and micronutrient deficiencies:		
	Explains the two types of overnutrition which are overweight and obesity		
Tutor explains the causes of malnutrition using the conceptual framework of malnutrition	<b>Assess or observe if the tutor does the following:</b>		
	Educates on the consequences of malnutrition as death, disease and disability		
	Explains the immediate causes of malnutrition as inadequate food intake and disease/infections, and provides examples of common illness that can result to malnutrition e.g. diarrhea, ARI, HIV/AIDS, TB and Malaria		
	Explains and provides examples of the underlying causes of malnutrition in Ghana which include the inadequate and inappropriate caring practices, food security and access to health care and water, sanitation and hygiene practices		
	Explains the basic causes of malnutrition in Ghana including the Political, Economic, cultural and Ideological Structure		
Tutor educates on some of the current interventions to address malnutrition in Ghana	<b>Assess or observe if the tutor does the following:</b>		
	<p>Lists some of nutrition interventions currently implemented in Ghana to address malnutrition</p> <ul style="list-style-type: none"> <li>• Promotion of optimal breastfeeding</li> <li>• Promotion of appropriate complementary feeding</li> <li>• Improved hygienic practices</li> <li>• Vitamin A supplementation</li> <li>• Zinc supplements for diarrhea management</li> <li>• De-worming</li> <li>• Iron-folic acid supplements for pregnant women</li> <li>• Salt iodization</li> <li>• Food fortification</li> <li>• Prevention and treatment of moderate undernutrition with special foods</li> <li>• Treatment of severe undernutrition with ready-to-use therapeutic foods (RUTF)</li> <li>• School health education</li> <li>• Promotion of healthy lifestyle</li> <li>• Supplementary feeding</li> <li>• School feeding and nutrition education</li> <li>• Nutrition Assessment Counselling and Support for PLHIV and/or TB</li> </ul>		

